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Bib Data Sheet

CONFIRMATION NO. 9358

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/693,008 | <b>FILING OR 371(c)<br/>DATE</b><br>10/24/2003<br><b>RULE</b> | <b>CLASS</b><br>607 | <b>GROUP ART UNIT</b><br>3762 | <b>ATTORNEY DOCKET<br/>NO.</b><br>1023-287US01 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/508,511 10/02/2003 *mk*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 01/28/2004 *mk*

|  |                           |                         |                       |                            |
|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>24 | TOTAL<br>CLAIMS<br>21 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance <i>mk</i> |                           |                         |                       |                            |
| Verified and<br>Acknowledged<br>Examiner's Signature <i>mk</i> Initials  |                           |                         |                       |                            |

## ADDRESS

28863

## TITLE

Medical device programmer with selective disablement of display during telemetry

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|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>3038 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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